

**RESERVATION REQUEST**



(Fax completed form to 812-336-7712)

Today's Date \_\_\_\_\_

Patient's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Birth Date \_\_\_\_\_ Type of Cancer \_\_\_\_\_

Occupation \_\_\_\_\_ Favorite Hobby \_\_\_\_\_

**Anticipated Arrival** \_\_\_\_\_ **Estimated Departure** \_\_\_\_\_

Known Allergies \_\_\_\_\_

Any Communicable or Infectious Disease? \_\_\_\_\_

Physical Limitations/Special Needs \_\_\_\_\_

Room Preference: \_\_\_\_\_ Standard size room (\$210/week) \_\_\_\_\_ Deluxe room (\$315/week)

***A \$100 Damage Deposit is required (for stays >one week) prior to taking occupancy.  
Twenty-five dollars is retained for standard cleaning fee at the end of the rental period.  
Up to \$75 is refundable, based on condition of room at check-out.***

Accompanying Caregiver (if applicable) \_\_\_\_\_

Relationship to Caregiver \_\_\_\_\_ Any additional guests? \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

Primary Phone \_\_\_\_\_ Alternate # \_\_\_\_\_

Relationship to Emergency Contact \_\_\_\_\_

Have you ever been convicted of a criminal misdemeanor, felony or drug charge?

\_\_\_ Yes \_\_\_ No

*If the answer is "yes", please explain (on a separate piece of paper) the circumstances surrounding the conviction, the nature of the offense, the age of the conviction and your subsequent behavior.*

